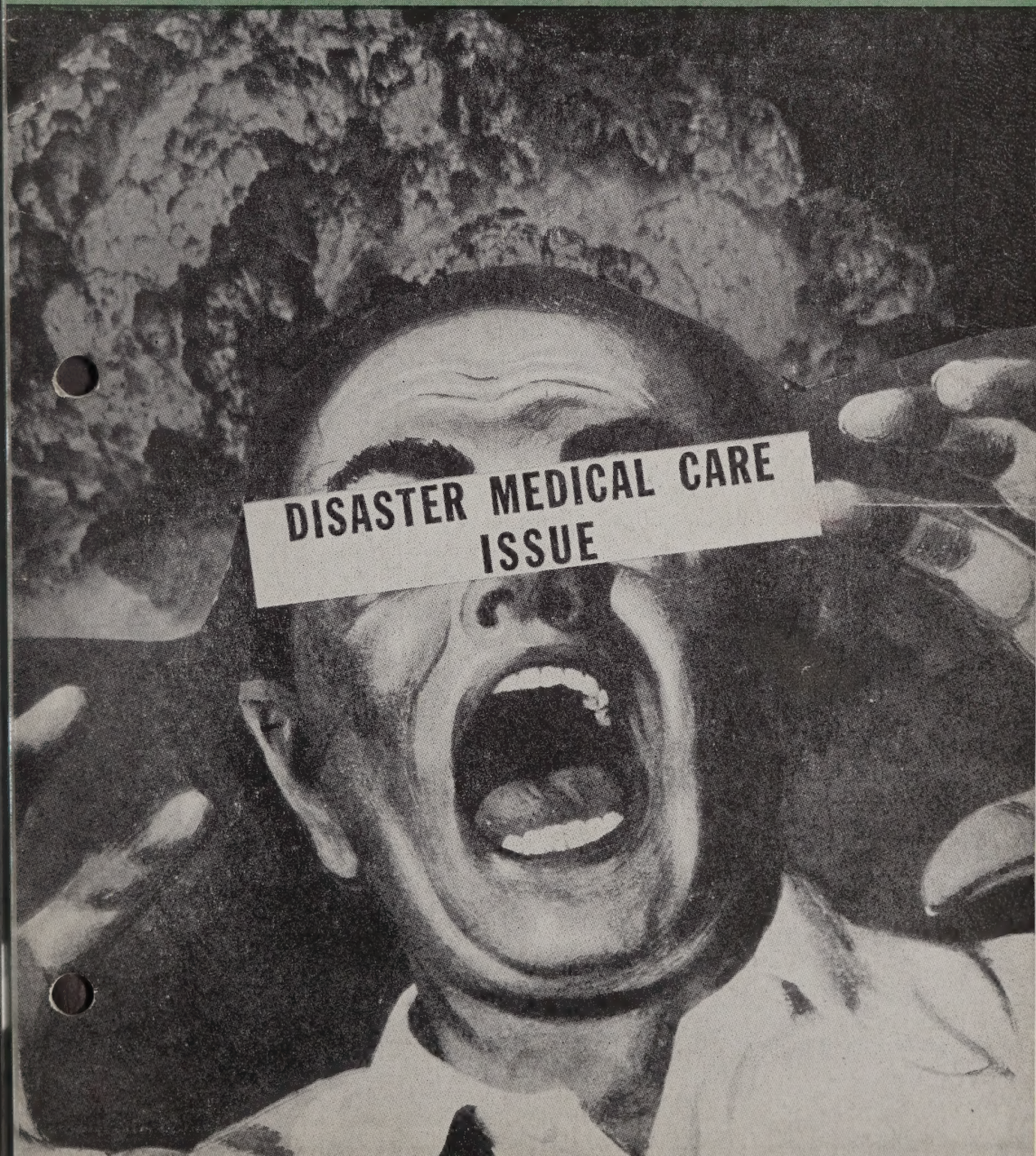
The Hampden Hippocrat

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

A Bulletin for the Hampden District of the Massachusetts Medical Society

OLUME XVII | OCTOBER, 1961 | NO. 8



Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.
Telephone: REpublic 6-0661

OFFICERS

President . . . . . Jerome A. Whitney, M. D.
Vice President and President-Elect . . . . . Ralph T. Miller, M. D.
Secretary . . . . . Ray T. Smith, M. D.
Treasurer . . . . . John A. Burke, M. D.

Executive and Grievance Committees

Jerome A. Whitney, M. D., *ex-officio*

Alfonso A. Palermo, M. D.	*ex-officio*	Ralph T. Miller, M. D.
Ray T. Smith, M. D.	*ex-officio*	John A. Burke, M. D.
Frank G. Mills, M. D.	1962	George Corcoran, Jr., M. D.
Howard P. Kennedy, M. D.	1963	Ladislaw E. Pfeifer, M. D.
John J. Bandeian, M. D.	1964	John W. Turner, M. D.

Chairmen of Standing Committees

Public Relations . . . . . Alfonso A. Palermo, M. D.
Legislative . . . . . Robert W. Emery, M. D.
Board of Membership . . . . . Malcolm S. Allan, M. D.
Blue Shield District Professional Service . . . Walter J. J. Nero, M. D.
Malpractice and Medico-Legal Affairs . . . . . John J. Bandeian, M. D.
Public Health . . . . . Norman A. Pokorny, M. D.
To Committee on Tax-Supported Medical Care . . Harry L. Roberts, M. D.
Nominating Committee . . . . . Eugene W. Beauchamp, M. D.

Chairmen of Special Committees

Insurance, Labor Relations and Industrial Accidents Warren D. Platt, M. D.
Medical Advisory . . . . . Noah N. Feldman, M. D.
Woman's Auxiliary . . . . . Aldo Leani, M. D.
Emergency Medical Service . . . . . Peter Zarecki, M. D.
Health and Accident Insurance . . . . . Lawrence V. Selden, M. D.
Mental Health . . . . . Olive A. Cooper, M. D.
Rehabilitation . . . . . Edward J. Ferrarone, M. D.
New Headquarters . . . . . Howard B. Brown, M. D.
Disaster Medical Care . . . . . George A. Vassos, M. D.
Medico-Religious . . . . . Leroy J. Kendrew, M. D.
Representatives on Community Council
Jerome A. Whitney, M. D. and Alfonso A. Palermo, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

BOARD OF EDITORS

Edward P. Bagg, M. D. *Editor-Emeritus*
Max Millman, M. D. *Editor-in-Chief*
(111 Maple Street, Springfield 5, Mass.)
John C. Ayres, M. D. *Assistant Editor*

Associate Editors

John A. Burke, M. D.
Olive A. Cooper, M. D.
Harold J. Holleran, M. D.
Frank E. Hurley, M. D.
Ralph T. Miller, M. D.
H. Bernard Tillman, M. D.
George A. Vassos, M. D.
David W. Williams, M. D.

John E. Leary, M. D. *Secretary and Business Manager*
(302 Sumner Avenue, Springfield 8, Mass.)
Richard J. Maher, M. D. *Asst. Sec. and Bus. Manager*

THE HAMPDEN HIPPOCRAT, OCTOBER, 1961

EDITORIAL

NUCLEAR "DISASTER"

The major, initial, if not the crucial, problem subsequent to an all-out mass attack on the United States, will be medical in nature and will require the services of the entire health and medical professions.

The threat of nuclear warfare, with its capability of mass destruction of huge elements of our nation, has imposed on the medical and allied health professions of this country a tremendous responsibility in the nation's efforts to survive. Never before in history has the productive individual assumed such importance as he is expected to assume in modern warfare. The saving of lives, particularly of those who can contribute to the survival efforts, has become extremely important and the medical and allied professions must assume a far larger role in our war potential than ever before. They face their greatest challenge.

In view of the critically important role that organized medicine in all its phases must play, prior, during and subsequent to a mass attack on the United States, a national medical plan, far-reaching in scope, adequate in concept, permanent and flexible in nature, and wholeheartedly supported by the medical profession, is an absolute, incontroversial and immediate necessity, if this country is to survive such an attack and live to fight back.

Role and Responsibility of The Medical Profession

The role of the medical profession is to prepare its members to cope effectively with the results of a mass attack on the United States and to assist

actively in preparing the Nation to withstand such an attack. In the event of a mass attack on this country, the role of the medical profession is to provide to the Nation the highest quality and best organized remedial and preventive medical services possible in order that maximum numbers of physically and mentally fit survivors, imbued with high morals and a courageous spirit, are and will become available to assume their share of responsibility in the ensuing national recovery efforts and to participate in concurrent and subsequent combat operations.

Disaster Medical Training Objectives

In view of the anticipated disparity between the number of casualties and the number of physicians that will be available, as well as the number of injuries amenable to competently administer self-aid and first-aid treatment, subsequent to a mass attack on the United States, it is imperative that:

a. All physicians regardless of their specialty qualifications, receive training and become proficient in the practice of disaster medicine.

b. The general public receive training and become proficient in the application of first-aid and self-aid procedures.

c. All personnel receive instructions in the casualty-producing effects of mass weapons, passive defense measures and sanitation, to the end that they may protect themselves from preventable injuries and disease in the event of an all-out war.

If despite our earnest efforts at the negotiating table and our defense preparations, we should nevertheless be subjected to nuclear attack. Civil Defense and measures for fallout protection offer the most practicable and feasible means of saving the greatest number of lives . . . . Numerous studies have shown that such a program would give a substantial portion of our population an excellent chance of surviving and hence provide us the opportunity to continue the fight successfully. A capacity to retaliate will be reinforced by an effective capacity to survive. And only thus can our defense posture serve as a convincing deterrent.

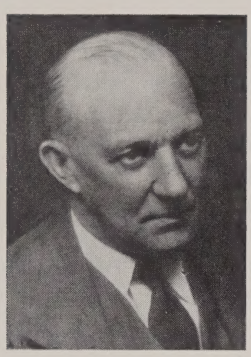
There continues to be much discussing and deploring of the so-called "apathy" of the American people. Aside from the fact that what is called apathy is really ignorance, some people express a feeling of hopeless fatalism in the face of the enormous potential of nuclear destruction, and fall back on a psychological rejection of the whole melancholy business. A thoughtful friend of mine, in the course of a discussion the other day of some of the newer knowledge of radiation effects, said, "I think I don't want to be around when it happens". Who does! But we need to stress and stress again that the crucial urgency of Civil Defense preparedness is to insure that "it doesn't happen". Civil Defense is more than a desperate last ditch effort for survival; it is an opportunity for every community, every citizen to take positive patriotic action to strengthen the defense of his home and his country.

Fallout shelter for the population of the country is the single measure that would have the greatest effect in saving lives of the survivors of a nuclear attack. This may come as a surprise to you, but it is true.

No less an authority than Congress's Joint Committee on Atomic Energy, following its hearings on the *biological and environmental effects of nuclear war,* reported: "Probably the most significant finding presented to the Subcommittee was *that Civil Defense preparedness could reduce the fatalities of the assumed attack on the United States from approximately* 25 *per cent of population to about* 3 *per cent.*

G. A. V.

President's Page



The pros and cons of preparedness for atomic attacks go on.

Admittedly, the prospect of such an attack is fearful to contemplate, but psychologically a fatalistic attitude is akin to despair.

Authorities admit many casualties would be suffered, but agree that these could be greatly reduced if proper measures were taken.

It is most important to know what to do now, and again in the event of an attack.

A small investment now in an appropriate shelter might represent the difference between life and death for you and your family.

Following the flash and blast some time elapses before the fallout becomes dangerous, and the danger lasts only a limited time.

Now is the time for questions and action.

Your Civil Defense organization will be glad to advise, but for action you must *"Do it yourself"*.

Your medical Society has had three important meetings on the various aspects of disaster, and a demonstration at the Springfield College Field House is planned for the near future under the auspices of the College and your Society.

A trained first aider in every family should be considered a necessity.

Red Cross is eager to provide instructions for interested groups.

Time is running out—our President says the next ten months may prove decisive.

How about you and yours!

It is your responsibility to assume leadership in this psychological and possible atomic warfare.

Jerry Whitney

EXECUTIVE COMMITTEE

The September 19, 1961 meeting of the Executive Committee of the Hampden District Medical Society was called to order by President Whitney at 5 P. M. with Drs. Turner, Burke, Smith, Mills, Pfeifer, Millman and Kennedy present as well as Mrs. Purdy.

Dr. Whitney suggested that, hereafter, in order to save time at the District Meetings, all business calling for action at the district meetings shall be acted upon by the Executive Committee prior to the district meeting and the opinion of the Executive Committee given at that district meeting, except for urgent business which will be acted upon primarily at the district meeting.

The question of a member of the Public Relations Committee being present at all committee meetings, without vote, to keep the Public Relations Committee abreast of the work of various committees was discussed. The consensus of opinion was favorable.

Because the Massachusetts Medical Society is working on implementation of the Gallupe plan throughout the state, and the Hospitals in Springfield have taken definite action, it was felt there was no reason for the HDMS to take further action.

A discussion of various phone answering services revealed that physicians share these services with many others and service is often inefficient. Dr. Burke will investigate the possibility of establishing an answering service in the HDMS office with round-the-clock coverage.

The Executive Committee went on record as approving the Insurance plan presented by Mr. Lessere of the Lessere-Wertheim, Inc. Company, as previously approved by the insurance committee of the HDMS. Dr. Selden will be asked to present the plan at the HDMS District meeting on September 26, 1961.

There was considerable discussion regarding the scope of activities and a statement of policy of the Public Relations Committee relative to giving out information. The term "Spokesman" shall be used in presenting information to the public and precedence for disseminating information shall be in the following order:

1. The Chairman of the PR Committee
2. The Alternate Chairman of said Committee
3. The President of the HDMS
4. The President-elect
5. The Secretary of the HDMS

No one else is authorized to present information to the public.

The Executive Committee went on record as disapproving the King-Anderson bill by a unanimous vote. Letters will be written to the various state and national legislators advising same.

The Executive Committee went on record by a unanimous vote as favoring "Fluoridation" of drinking water in the area.

Dr. Millman posed the question of publishing the new By-laws in booklet form. After some discussion it was decided to mimeograph the By-laws in the office of the HDMS.

The meeting was adjourned and reconvened as the Grievance Committee. Three cases were discussed, one to be examined further, one to be referred to the Emergency Medical Committee and one to be referred to the state Ethics and Discipline Committee.

The meeting adjourned about 7 P.M.

Ray T. Smith, M. D., Secretary

For the irritable G.I. tract

Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

AVAILABLE IN TWO POTENCIES

MILPATH-400—Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride.
Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

MILPATH-200—Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride.
Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath®

®Miltown + *anticholinergic*

WALLACE LABORATORIES *Cranbury, N. J.*

SEPTEMBER (26) MEETING

Meeting is held at Shaker Farms Country Club, Westfield . . . . 176 are in attendance against 153 reservations . . . . Following a fine roast beef dinner meeting is called to order by President Whitney . . . . He announces that a Mock Trial will be staged at the Springfield Municipal Hospital Auditorium on November 22, 8 P.M., and that the auxiliary's Annual White Cap Ball will be held on November 4 . . . . He appoints the following to serve as Nominating Committee: Drs. Eugene Beauchamp, Sr., Chairman; Theodore Brand and Benjamin Alport. He next introduces Dr. Lundy, Vice President of the M.M.S., who, after expressing pleasure at the fine turnout, presents greetings from the M.M.S.

Reports are received from (1) Public Health Committee whose recommendations are approved (see page 28) . . . . (2) Committee on Health and Accident Insurance recommending that insurance company be authorized to circularize the membership. This is approved . . . . Committee on Disaster Medical Care (See page 8) . . . Dr. G. A. Sortirion introduces the speaker of the evening, Col. I. Louis Hoffman, who presents an address on The Role of the Physician in Mass Disaster (see page 8) . . . Members representing Berkshire, Hampshire and Franklin Societies are in attendance . . . . Following the meeting a special pre-Council meeting is held with Executive Councilor, Dr. Johnson, presiding.

Patronize our advertisers and remember to mention the Hippocrat.

POISON CONTROL CENTERS

The three general hospitals in Springfield have been designated as POISON CONTROL CENTERS. This means that each hospital has available reference materials enabling it to offer 24 hours a day poison information service to physicians in the Western Mass. Area. Moreover, each hospital has readily available drugs, antidotes, appliances, and equipment necessary for the treatment of poisoning cases.

Mercy Hospital, 233 Carew St., Tel. State 8-7321, Physician in Charge, Joseph R. Stirlacci.

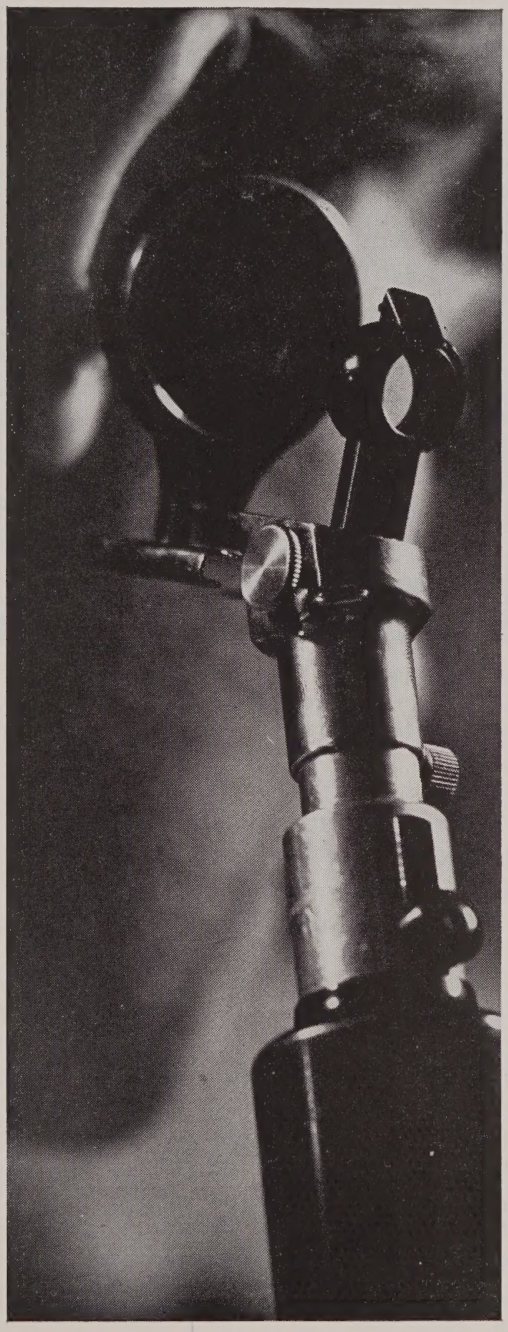
Springfield Hospital, 759 Chestnut St., Tel. State 8-4581, Physician in Charge, H. H. Shuman.

Wesson Memorial Hospital, 140 High St., Tel. State 5-1241, Physician in Charge, Arnold Blake.

The said centers have been established through the cooperation of the staffs of the above named hospitals, the National Clearing House for Poison Control of the U. S. Public Health Service, the Mass. Dept. of Public Health, and the Springfield Health Dept.

All physicians in the area are encouraged to utilize this service in the interest of preserving the health of their patients.

N. A. Pokorny, Chairman
Public Health Committee



in bacterial otitis media

Panalba* promptly

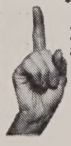
to gain precious therapeutic hours

In the presence of bacterial infection, taking a culture to determine bacterial identity and sensitivity is desirable—but not always practical.

A rational clinical alternative is to launch therapy at once with Panalba, the antibiotic that provides the best odds for success.

Panalba is effective (in vitro) against 30 common pathogens, including the ubiquitous staph. Use of Panalba *from the outset* (even pending laboratory results) can gain precious hours of effective antibiotic treatment.

SUPPLIED: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.
USUAL ADULT DOSAGE: 1 or 2 capsules 3 or 4 times a day.
SIDE EFFECTS: Panmycin Phosphate has a very low order of toxicity comparable to that of the other tetracyclines and is well tolerated clinically. Side reactions to therapeutic use are infrequent and consist principally of mild nausea and abdominal cramps. Albamycin also has a relatively low order of toxicity. In a certain few patients, a yellow pigment has been found in the plasma. This pigment, apparently a metabolic by-product of the drug, is not necessarily associated with abnormal liver function tests or liver enlargement.
Urticaria and maculopapular dermatitis, and a few cases of leukopenia have been reported in patients treated with Albamycin. These side effects usually disappear upon discontinuance of the drug.
CAUTION: Since the use of any antibiotic may result in overgrowth of nonsusceptible organisms, constant observation of the patients is essential. If new infections appear during therapy, appropriate measures should be taken.
Total and differential blood counts should be made routinely during prolonged administration of Albamycin. The possibility of liver damage should be considered if a yellow pigment, a metabolic by-product of Albamycin, appears in the plasma. Panalba should be discontinued if allergic reactions that are not readily controlled by antihistaminic agents develop.
*Trademark, Reg. U. S. Pat. Off.



your broad-spectrum antibiotic of first resort

Upjohn 75th year

The Upjohn Company
Kalamazoo, Michigan

Copyright 1961, The Upjohn Company June, 1961

HAMPDEN AT WORK

5 — The Disaster Medical Care Committee

L. to R. Sitting: Drs. J. A. Whitney (President), G. Vassos, Jr. (Chairman), R. T. Miller (Vice-President). Standing: Dr. M. Millman (State Committee), Mrs. V. Purdy (Executive Secretary), Drs: R. N. Tessier, R. G. Osterheld, and C. L. Callahan.

The Disaster Medical Care Committee was appointed by President Alfonso A. Palermo on April 19, 1961. As chairman he appointed Dr. George A. Vassos, Jr. and the chairmen of the disaster committees of all the hospitals in Hampden District were appointed to serve as members of this committee.

The first meeting was held in August, 1961 when as guest speaker, Colonel Harry Zubkoff, gave an excellent talk on disaster planning. At that meeting it was agreed that the objectives would be:

(a) To provide effective medical and health services, planning and care for Hampden District in the event of large scale local disaster.

(b) To coordinate such existing planning with peripheral District medical societies, as well as with our state society, for mutual aid and care in the event of total disaster.

(c) To support the Civil Defense organizations in every way possible, as we know that physicians are but a small part of disaster planning, which of necessity involves many other specialists in communications, transporta-

tion, supply, intelligence, meteriology, monitoring, etc.

On August 30th this committee participated in a panel discussion sponsored by the committee on Disaster Medical Care of the M.M.S. The moderator of the panel, which was held at the Auditorium of the Springfield Municipal Hospital, was Chairman Vassos (see page 15). In attendance were many members of the Society, of the Auxiliary and other interested individuals.

On September 26 this committee assisted in arranging the program of the District Society's regular meeting. The speaker of the evening was Col. I. Louis Hoffman, who spoke on "The Role of the Physician in Mass Casualties in Disaster".

On September 27 the State Disaster Committee's monthly meeting was held at the Office of Civil and Defense Mobilization at Harvard, Mass. The following representatives from Hampden were in attendance: Drs. L. P. Putnam, S. F. Potsubay, H. Bozigian and E. L. Ferguson.

Future Meetings are to be held on the third Wednesday of each month at headquarters of the Hampden District Society, Springfield Municipal Hospital.

Every Member of the committee is to keep himself well informed of meetings so that he may assume the necessary leadership in case of disaster. A representative will be sent to each state disaster committee meeting so that the committee may in turn be kept abreast of programs on state level.

It was resolved that Hampden District Society send at least one representative to the Twelfth County Medical Societies Conference on Disaster Medical Care, sponsored by the Council on National Security of the American Medical Association, on Nov. 4 - 5, 1961 in Chicago.

Plans are still embryonic, but it is hoped that every member of the Society will help the committee accomplish its mission by wholehearted cooperation and by enthusiastic participation in disaster training programs.

A complete list of the committee follows: Drs. George Vassos, Jr. (Chairman), E. F. Franseen, R. J. Carpenter, Jr., C. L. Callahan, G. DeN. Hough, III; L. P. Putnam, Holyoke; W. W. Knowlton, Westfield; J. J. Driscoll. Holyoke; A. N. Aborjaily, Westfield; R. N. Tessier, Ware; F. K. Duffy, Palmer; R. G. Osterheld, Monson.

Trusses — Surgical Belts — Colostomy Bags — Chairs and Hospital Beds

NORTH SIDE PHARMACY, INC.

TEMPLETON DRUG STORE, INC.

PRESCRIPTION SPECIALISTS

WESTFIELD, MASSACHUSETTS

COUNCIL OF NEW ENGLAND STATE MEDICAL SOCIETIES

New England Postgraduate Assembly
22 The Fenway
Boston 15, Massachusetts

The 18th annual New England Postgraduate Assembly will be held at the Statler Hilton in Boston, **November 6, 7 and 8, 1961.**

This three-day postgraduate session was formerly sponsored by the Massachusetts Medical Society in cooperation with the state medical societies and state chapters of the AAGP. This year the Assembly will be sponsored by the Council of New England State Medical Societies, with state AAGP chapters cooperating.

The Assembly has been approved for 17 hours credit, Category I, by the American Academy of General Practice.

Dr. Edward Putnam of Warner, New Hampshire, is general chairman of the 1961 Assembly. Dr. Frank C. Wheelock, Jr. of Brookline, is program chairman.

Clinics, CPC's, panels, lectures, "gem" lectures, and exhibits will be featured.

OVERWEIGHT?
10-12 HOUR HUNGER CONTROL WITH
LESS THAN 1% CNS STIMULATION
TENUATE® DOSPAN®

Anything on your mind? Share it with the Hippocrat.

WELCOME NEW TRANSFEREES

Edward R. Browne, M.D., 838 Westfield Street, West Springfield, from Norfolk.

Dalton Kinsella, M.D., 90 Hale Street, West Springfield, from Connecticut.

Kenneth L. Collard, M.D., South Main Street, Belchertown, from Hampshire.

NEW SENIOR MEMBERS

Charles Furcolo, M.D., Springfield,

Archibald J. Douglas, M.D., Westfield.

IT'S HERE!
Automatic Transmission
HILLMAN MINX
Drive It Today
SPORTS CARS
OF SPRINGFIELD
567 - 573 MAIN STREET
SPRINGFIELD, MASS.
ST 8-0979
Benjamin Deliso, Prop.

COMPLIMENTS
Ernest A. Byron
SPRINGFIELD

basic in exchange

basic in cold control

CORICIDIN®
tablets

formula

chlorpheniramine maleate	2 mg.
aspirin	0.23 Gm.
phenacetin	0.16 Gm.
caffeine	30 mg.

4500 C

SCHERING CORPORATION • BLOOMFIELD, N. J.

CORRESPONDENCE

"Consent and Agreement" Forms

Dear Hippocrat:

I would appreciate it very much if you would publish the "Consent and Agreement" form appearing below. In this form the patient authorizes the physician to furnish the attorney with medical reports, and at the same time authorizes also the attorney to pay the physician directly for professional services rendered to the patient in the treatment of injuries sustained in the accident.

In a recent personal survey I have found to my astonishment that although these forms have been available for the past three years, very few of our members knew of their existence. I suspect that there are quite a few lawyers who don't know of their existence either. I have suggested to our District office to mail all members a few forms for their files. Such forms are available to attorneys at the clerk's office of the various courts of the County.

John J. Bandeian, M.D., Chairman
Committee on Malpractice and
Medico-Legal Affairs

I,....., hereby authorize and direct ....., my attorney(s), to pay from the proceeds of any recovery in my case to Dr. .... the reasonable amount for professional services in the treatment of injuries sustained by me and/or my wife and/or my child or children, in an accident which occurred on ....., 19....., said payment to include professional services heretofore rendered and those rendered to the time of the settlement or other disposition of my case for testifying in court.

I further authorize said Doctor to furnish said Attorneys with any reports they may request in reference to my injury. I understand that this in no way relieves me of my personal responsibility to pay all such medical charges.

Attorney ....

Criminal Justice

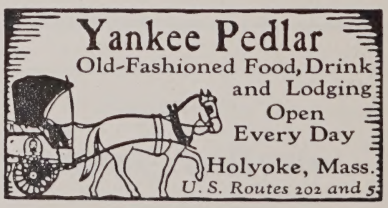
Dear Hippocrat:

The Law-Medicine Research Institute is instituting a new program of post-graduate seminars for practicing physicians, lawyers, prosecutors, police officials and other forensic scientists.

The first course *Scientific Investigation in Criminal Justice* will take place on November 3 and 4 at the Statler Hilton Hotel in Boston, Massachusetts. Our $25. registration fee for the two days includes two complimentary luncheons and a copy of the proceedings.

This program, to our knowledge, is the first of its kind in the New England area. We believe that the importance of these subjects and the expertness of

Compliments of
RATELL FUNERAL HOME
200 Main Street
Indian Orchard, Mass.



the lecturers will combine to make this a valuable and enjoyable program for the participants.

We hope that you will be able to give notice of this course in your current issue and are enclosing an advance copy of the program so that you will have all the relevant information.

William J. Curran
Director
Law-Medicine Research Institute
Boston University

(For complete outline of program write to the above at Boston University, Boston, Mass. —Editor)

QUASHING A RUMOR

Dear Hippocrat:

A recent newspaper article stated that I was being recalled to active duty. As a result of this my practice has suffered considerably. Actually my military status is with the Retired Reserve and, therefore, the article was incorrect.

May I elicit your assistance in clarifying the situation within the Society, as many patients have told me that they have been informed of this article by other physicians.

James D. Allan, M. D.,
West Springfield

MAITLAND'S PHARMACY, INC.
Four Registered Pharmacists
520 Allen Street — Springfield, Mass.
RE 6-8902

ESTABLISHED IN 1861
FUNERAL SERVICE
Dickinson-Streeter Co.
Springfield, Mass.

OCULAR

Ophthalmic Oil Suspension 1% • Ophthalmic Ointment 1%
Ophthalmic Ointment 1% with Hydrocortisone 1.5%
Ophthalmic Powder (Sterilized25 mg., with sodium chloride 62.5 mg., and sodium borate 25 mg.)

ACHROMYCIN®
Tetracycline Lederle

a standard in local antibiotic therapy

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.

FOR INFORMATION ON THE FOLLOWING:

Shelters
Fallout Protection
First Aid Emergency:
(1) Kit (2) Action
Radiation Measurement Kits
List of Firms marketing survival Foods and Kits
National Emergency Medical Care
etc.

Write to: M. C. D. A.—Area 4 Headquarters, P. O. Box 227, 25 Florence St., Leeds, Mass.

JOINING THE ARMED FORCES?

Members entering the armed forces are urged to notify the office of the District Society and of the Hippocrat, of their thereabouts.

EMERGENCY MEDICAL SERVICE

Any physician who is interested in making emergency calls in addition to his tour of duty on Emergency Medical Roster, please contact the District office, RE 6-0661.

P. Zarecki, Chairman

TOBER FOREIGN MOTORS, INC.
676 Belmont Avenue
Sweden's SAAB - VOLVO
and now
the LARK and HAWK
By Studebaker
RE 7-6333 Open Evenings

Compliments
Edward F. O'Donnell
FUNERAL HOME
Springfield

Ninth Annual

WHITE CAP BALL

NOVEMBER 4, 1961

SCHINE INN, CHICOPEE

IT'S TIME AGAIN!

Dancing to the music of Ronnie Drumm

Prime Ribs of Beef

Good Fellowship

With your support, the Auxiliary, through its scholarship program, will be able to encourage deserving young people in our area to train in fields of service to the public and to the medical profession.

Have you made your reservation?

MEDICAL LEADERSHIP IN DISASTER CARE

By
Francis C. McDonald, M. D., Chairman
Committee on Disaster Medical Care
Massachusetts Medical Society

L. to r.: Dr. Cameron L. Hogen of Natick, chief of Medical services, Massachusetts CD Headquarters; Warren McFague of Harvard, U. S. public health liaison officer to CD; Dr. Francis McDonald, chairman, Committee on Disaster Medical Care, M.M.S.; Dr. George Vassos, Jr., Chairman District Committee Disaster Medical Care; Franklin Gates, Red Cross Director of Springfield, and Robert Boulay, Area 4 Civil Defense Director.

The cooperation of Hampden District Medical Society with our committee has been a heart-warming experience. The meeting of 30 August 1961 in Springfield stimulated by our committee member, Max Millman, M.D., and by George Vassos, M.D., Chairman of Hampden District Committee on Disaster Care, with the excellent cooperation of your President, Jerome A. Whitney, M.D., and his staff, especially Vivian M. Purdy, Executive Secretary, Committee on Disaster Medical Care, M.M.S. and the Hampden Auxiliary allowed for a panel discussion under Dr. Vassos' moderation that brought into light many aspects of problems relating to our survival that may eventually find their way into execution at the various levels of home defense.

The physician who lives and works in a community drives over the roads at all hours of the night and day, and enters into all types of homes, has more potential information, more know-how and influence than he or she realizes. The medically trained

mind is a great potential resource in this country for weighing evidence, judging and accepting the responsibility of leadership. Channels of communication should be opened by informing your representative or senator of your interest in all matters relating to national survival, requesting to be placed on the mailing list for receiving such information. The officers of the district and state medical societies should be encouraged to help in obtaining information, making it available to individual members by bulletin, appropriate teaching programs and establishing a source library. It is hoped that each district medical society will send a representative to the 12th County Medical Society Conference on Disaster Medical Care, sponsored by the Council on National Security, American Medical Association, to be held 4 and 5, November, 1961 in Chicago.

Hospital disaster plans are now generally activated. Every physician should take an active part in this planning and in drill exercises. This activity should lead into community planning as soon as possible. Regular conferences with mutual discussion of problems are essentials in planning and mutual education. Para-medical groups, representatives of Red Cross and local civil defense should naturally be included in planning activity.

Most all individuals and families need instruction in survival techniques. Any activity that can be planned and executed in advance (identification measures, immunization procedures, storage of food, water and medical supplies for emergency use), and at leisure will allow more time for emergency life-saving service at the time of the disaster. Planned protection against radioactive fallout is now essential in all parts of the country. Our committee believes that the combination "blast-fallout shelter" similar to the one demonstrated at the home of Frederick M. Davies, M.D. at the first meeting of the committee, which was attended by Dr. Millman and Dr. Vassos, 26 July 1961, is a type of shelter thought to be best fitted for survival up to the edge of the fireball. The committee does not feel that any lesser approach to the problem should be offered to citizens who live near target areas. The committee has recommended to the Massachusetts State Medical Society that the committee on state legislation of the Massachusetts Medical Society support or initiate legislation that will provide strong, economic motivation for construction and maintenance of blast or fallout shelters similar to this type by communities or individuals, or both, in the target areas.

One of the most effective methods of teaching is to teach by example. Provision of such a shelter or cooperative shelter with neighbors for protection from the immediate effect of blast and subsequent radioactive fallout with provision of food, water and other essential stores for a minimum of four weeks will stimulate many other individuals and groups into activity. It is important that citizens know that medical and para-medical groups plan to take shelter during this immediate post-attack phase, that needless and wasteful sacrifice of lives during this phase is not to be considered. This in itself will encourage individuals to become informed in the essentials of caring for themselves during this period.

Physicians should become familiar

with the principles of radiological monitoring and decontamination for their own understanding of the problem, not only in relation to probable enemy attack, but for every day analysis and care of problems that will arise from "peaceful use" of nuclear power. Understanding techniques of using dosimeters and survey meters should be as much a part of the modern physicians armamentarium as knowledge of the principles of bacteriology.

Another activity that is essential in fulfilling leadership potential after having become properly informed and taking part in community planning is political activity. Leaders should become alert to true values, to waste or inefficient use of material and human resources and to the machinations of communism. The physicians should assume responsibility for recognition and diagnosis of diseases of the body politic. His trained mind should make it clear as to what course should be taken. The modern physician is responsible for community as well as individual health. He should become dedicated to correction of diseases of the body politic and take his proper place in helping formulate necessary legislative, administrative, judicial, military, economic and educational programs for correction.

COMPLIMENTS

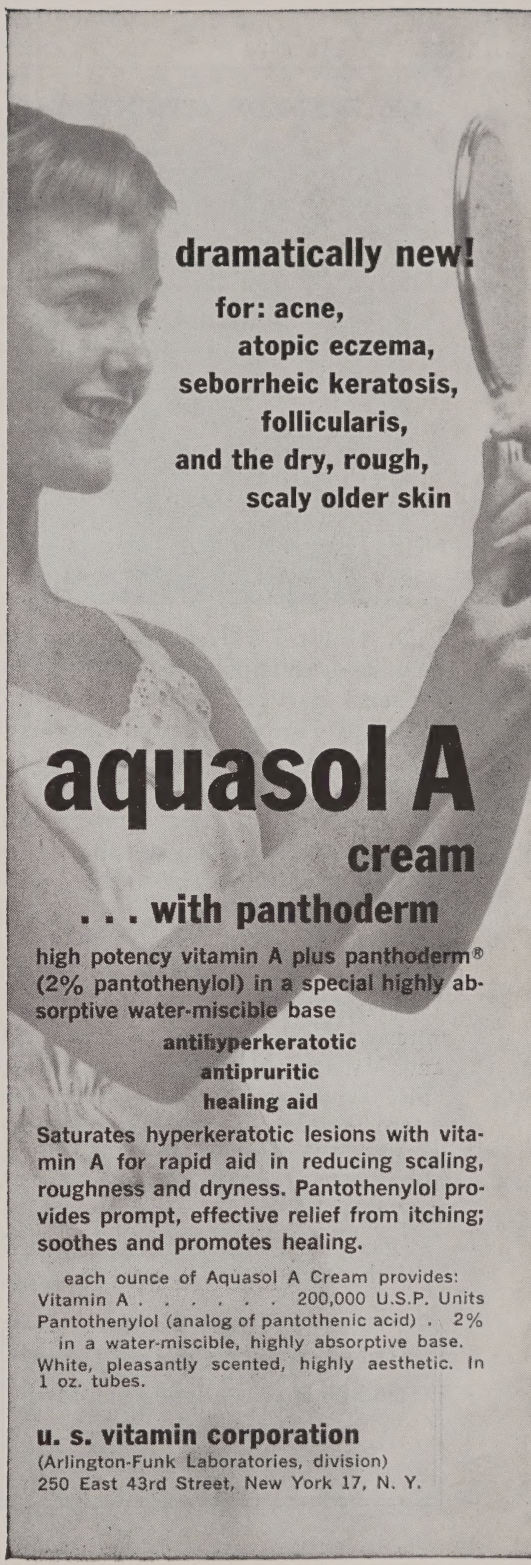
T. P. Sampson Co.

Springfield

OVERWEIGHT?

10-12 HOUR HUNGER CONTROL WITH NO REPORTED CONTRAINDICATIONS

TENUATE® DOSPAN®


dramatically new!
for: acne,
atopic eczema,
seborrheic keratosis,
follicularis,
and the dry, rough,
scaly older skin
aquasol A
cream
. . . with panthoderm
high potency vitamin A plus panthoderm®
(2% pantothenylol) in a special highly absorptive water-miscible base
antihyperkeratotic
antipruritic
healing aid
Saturates hyperkeratotic lesions with vitamin A for rapid aid in reducing scaling, roughness and dryness. Pantothenylol provides prompt, effective relief from itching; soothes and promotes healing.
each ounce of Aquasol A Cream provides:
Vitamin A . . . . . 200,000 U.S.P. Units
Pantothenylol (analog of pantothenic acid) . 2%
in a water-miscible, highly absorptive base.
White, pleasantly scented, highly aesthetic. In 1 oz. tubes.
u. s. vitamin corporation
(Arlington-Funk Laboratories, division)
250 East 43rd Street, New York 17, N. Y.

DR. KENNEDY APPOINTMENT

Dr. Howard P. Kennedy of Springfield has been appointed Chief of Professional Services at the Springfield Municipal Hospital and has been carrying on with his full-time duties there since the latter part of September. In his new position, Dr. Kennedy will coordinate and supervise all of the clinical work at the Hospital.

Not a stranger to the area or this field of endeavor, Dr. Kennedy is eminently qualified for this position. Having graduated from Howard University, Washington, D. C., in 1924, and Meharry Medical College, Nashville, Tenn., in 1930, he served as an intern at the Kansas City General Hospital, Kansas City, Mo., from 1930 to 1931, and then came to Springfield to practice.

Since 1931, he has been associated with the Springfield Hospital, progressing from the Courtesy Staff to Physician in Chief in 1956-1957. Dr. Kennedy is a Diplomate of the American Board of Internal Medicine; a fellow of the American College of Physicians, the A.M.A., the Mass. Medical Society, and the Springfield Academy of Medicine whom he served as president during 1960-1961. He has served in various capacities many professional, civic, and governmental organizations of the City and the area.

ACADEMY

At the November 14 meeting of the Springfield Academy of Medicine the speakers will be Alexander Marble, M.D., Associate Clinic Professor of Medicine at Harvard and Physician at the Joslin Clinic; Simeon Loche M.D., Instructor in Neurology at Harvard, Associate in Medicine at Peter Bent Brigham, and Serale B. Rees, M.D., Instructor in Medicine at Harvard and Research Associate in Medicine at Peter Bent Brigham. Three diabetic topics will be covered: "Oral Hypoglycemic Agents", "Diabetic Neuropathy" and "Diabetic Microangiopathy". The Clinical Conference, which will deal with the "Management of Diabetic Problems", will be held at the Springfield Hospital at 5 p. m.

Visit and use the Academy Library.

MAPLE HILL NURSING HOME
156 Mill Street — Springfield, Mass.
RE 7-2148
JOEPH M. JOSEPH, Administrator

A S C O T
TRAVEL SERVICE
Airlines — Steamships — Resorts
Roger Smith Hotel, Holyoke
JE 4-3394 4-3395 4-3396

COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETINGS,
OCTOBER 17 and NOVEMBER 21.

HAMPDEN DISTRICT MEETING, DECEMBER 5, 1961.

CENSORS MEETING, DECEMBER 7, 1961

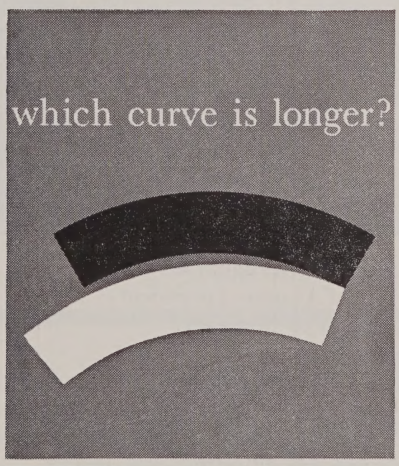
AMERICAN HEART ASSOCIATION, OCTOBER 20-22, BAL HARBOUR, FLA.

AMERICAN COLLEGE OF GASTROENTEROLOGY,
CLEVELAND, OHIO, OCTOBER 22-25, 1961

GERONTOLOGICAL SOCIETY, PITTSBURG, PA., NOVEMBER 10-12, 1961.

A.M.A. CLINICAL MEETING, DENVER, COLORADO, NOVEMBER 27-30, 1961

A.M.A. ANNUAL MEETING, CHICAGO, ILLINOIS, JUNE 25-29, 1962



Fascinating . . . how one curved figure seems longer than the other—even when you know they're both the same.

Two oral penicillins can be just as difficult to compare. If only the price of the drugs were to be considered, the choice would be clear. But isn't it what a drug *does* that counts?

V-Cillin K® achieves two to five times the serum levels of antibacterial activity (ABA) produced by oral penicillin G.[1] Moreover, it is highly stable in gastric acid and, therefore, more completely absorbed *even in the presence of food.* Your patient gets more dependable therapy for his money . . . and it's therapy—not tablets—he really needs.

Lilly

V-Cillin K in scored tablets of 125 and 250 mg.
V-Cillin K, Pediatric, in 40 and 80-cc.-size packages. Each 5 cc. (approximately one teaspoonful) contain 125 mg. (200,000 units) penicillin V as the crystalline potassium salt.

V-Cillin K® (penicillin V potassium, Lilly)
1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960. 133272

Product brochure available; write Eli Lilly and Company, Indianapolis 6, Indiana.

AUXILIARY DOINGS

Auxiliary Sprucing up our Headquarters
Left to right: Mrs. O. J. Menard, Mrs. C. D'Avanzo (president), Mrs. H. Baker (immediate past president), Mrs. Purdy, Executive Secretary.

The Woman's Auxiliary to the Massachusetts Medical Society Hampden District opened its 12th year at the Oaks Inn in June with a meeting of officers and chairmen of the standing committees. The President, Mrs. Charles D'Avanzo pointed out that 16 charter members of the Auxiliary were present as current members of the Executive Board.

Announcements of special interest to the Medical Society included a report by Mrs. William Kisiel that the Scholarship Committee was able to grant 14 nursing scholarships as a result of the fund-raising White Cap Ball of 1960. It was also noted that the State Auxiliary gave a $1000 scholarship to a Boston medical student. The 13 State Auxiliaries raised last year $839 for the A.M.E.F. and the

Hampden Auxiliary was awarded a certificate of achievement for its outstanding contribution per capita.

The Executive Board agreed that one of the emphases of the coming year would be an effort by each Auxiliary member to see that her husband submits to a yearly health examination. (Give in, men!)

During the summer, under the impetus of the past-president, Mrs. Harry Baker, draperies were made and hung in the new District Office at the Municipal Hospital. Working with her on these were Mrs. Charles D'Avanzo, Miss Charleen D'Avanzo, Mrs. O. J. Menard, Mrs. Harry Corwin and Mrs. George Orlanski.

Many Auxiliary members accompanied their husbands to the Disaster Medical Care meeting sponsored by the District Society in August. As an outgrowth of this, the Auxiliary will try to organize a First Aid class from among its members.

Another activity planned for the fall is a letter-writing "Bee", directed towards influencing legislative matters of concern to the Medical Society.

The first meeting of the year will be held October 17th when James M. Dunning, M. D., Director of the Harvard Health Service, will speak on Water Fluoridation. Jerome A. Whitney, M. D., President of the H.D.M.S. will be the guest of honor. Co-chairmen of the event are Mrs. Fred Ziter and Mrs. L. E. Pfeifer.

Chairmen of Standing Committees, 1961 - 1962.

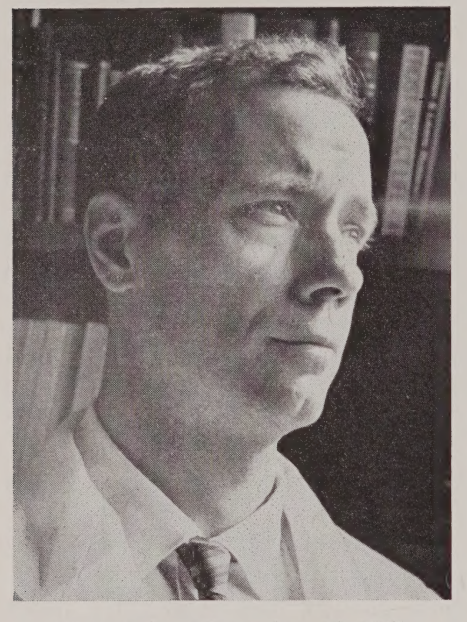
American Medical Education Foundation: Mrs. Edwin Gillis; Auditor: Mrs. Thomas Reilly; Career Recruitment: Mrs. Stephen A. Mahoney, 2nd; Career Scholarships: Mrs. William Kisiel; Civil Defense: Mrs. Joseph Stirlacci; Community Service: Mrs. Eugene Boss, Jr.; Finance: Mrs. Leon Kruger; Program: Mrs. Emanuel Weidman; Public Relations: Mrs. B. Bruce Alicandri; Historian: Mrs. Leonard Jogoda; Legislation: Mrs. Harry Corwin.

Membership: Mrs. J. W. S. Hartshorn, Jr.; Mental Health: Mrs. Jerome Whitney; Necrology: Mrs. James J. Visconti; Nominating: Mrs. Honore Gaudreau and Mrs. Edwin C. Gillis; Parliamentarian: Mrs. William Devlin; Publicity: Mrs. John Flahive; Publicity to the Hippocrat: Mrs. Elmer Franseen; Revisions: Mrs. Arthur Gramse; Safety: Mrs. Myles Illingworth, and Telephone: Mrs. Ira Chamberlin and Mrs. Mario Cariani.

Mrs. Elmer Franseen, Chairman
Publicity to The Hippocrat

North End Pharmacy
1869 MAIN ST. Corner SHARON ST. — SPRINGFIELD, MASS.
Phone RE 3-9154 Ronald C. Atwater, B.S. PH., Reg. Ph.
OPEN 24 HOURS
EVERY DAY
The Rexall Store

CANCER TEACHING CLINIC WESTFIELD STATE SANATORIUM



Wednesday, November 15, 1961, from 4:00 to 6:00 P. M. followed by dinner at the hospital cafeteria

PROGRAM

1. Presentation of selected cases
2. DR. THOMAS C. HALL
   Instructor in Medicine, Harvard Medical School
   Adjunct Associate Professor of Biochemistry, Brandeis University
   Research Associate, Children's Cancer Research Foundation ("Jimmy Fund")

speaking on:

"FACTS AND FALLACIES OF CHEMOTHERAPY"

For attendance at this clinic The American Academy of General Practice will give its members two hours of postgraduate study credit (Category II).

ROLE OF THE PHYSICIAN IN MASS CASUALTIES *

By
Col. I. Louis Hoffman, Director
Base Medical Service, Westover

(Abstracted)

In the event of a mass attack on this country, the role of the medical profession is to provide to the Nation the highest quality and best organized remedial and preventive medical services possible.

All physicians regardless of their specialty qualifications should receive training and become proficient in the practice of disaster medicine.

The phlilosophy of therapy in catastrophic medicine clearly is based on the principle of obtaining "the greatest good for the largest number" of casualties. The tremendous potential in numbers of patients, the relation of time to lethalaty, and the expected shortage of physicians require plans for organization prepared before the catastrophe.

The possible types of disasters for which medical organizations must be prepared to cope are:

a. Enemy aerial attack by manned aircraft or with missiles with nuclear, chemical, or biological warfare munitions or with high explosives and incendiaries.

b. Covert enemy attack with biological or chemical agents.

c. Natural disasters such as earthquakes, floods, tornadoes, hurricanes, or other acts of nature.

There is very little information upon which to base plans for coping with the possible holocaust or ways of calculating expected casualties if a war

* Presented at District Meeting, September 26, 1961

should start and nuclear weapons were employed in any degree. Assumptions are made based upon what is known from war experiences in the sorting of casualties, from field tests of nuclear weapons, from the Japanese experiences at Hiroshima and Nagasaki, and from continuing experiments in every "Operation Blowup". The assumption that in such an emergency "All physicians should become surgeons" and perhaps the assumption "All surgeons should become general practitioners" could be argued.

The philosophy of sorting or triage by capable physicians according to a definite plan is perhaps the most important concept to be grasped in a consideration of management of mass casualties.

The human can be injured in several ways by nuclear weapons; he may be burned by the flash during the first fraction of a second after detonation or by secondary fires; he may be injured by primary, secondary, or tertiary blast effects; he may be subjected to ionizing radiation injury of the prompt type from neutrons and/or gamma radiation, or of the delayed type from fallout.

Nuclear radiation includes damage done by gamma rays, neutrons, beta particles, and alpha particles.

a. Initial radiation. This consists of high energy gamma rays and neutrons (with some alpha and beta contribution) present in the first 60-90 seconds following detonation.

b. Residual radiation. This is fission product fallout radiation, consisting of beta, alpha, and gamma in varying intensity, occurring locally and downwind from the detonation.

c. Both classes of radiation produces the same syndrome; however, a dose generally is received much faster and symptoms appear earlier with initial radiation. To receive such a dose requires one's presence in an area where secondary and tertiary blast and thermal effects are of greater significance.

The LD50 for humans is currently thought to be somewhat around 400 or 500 rem. The LD 100 for man is somewhere over 700-800 rem. No more accurate figures are available at this time. The radiation sickness syndrome itself consists of nausea, vomiting, diarrhea, malaise, dizziness initially, followed by a varying period of well-being, and then by such manifestations of hematopoietic injury as leucopenia, infection, oropharyngeal ulceration, purpura, and anemia plus diarrhea, epilation, fluid and electrolyte imbalance, malnutrition, fever, and death or gradual recovery.

Sorting—The Key to Management of Victims of Disaster:

It is not limited to atomic disasters, but included are natural calamities. Simultaneous infliction of injuries of varying types and degrees of severity on a large population, at a time when medical personnel and facilities are limited, demands a workable system that will result in the least possible loss of life. The greatest possible number of lives can be saved only by insuring that available facilities are not wasted "by injudicious use on either the trivial or the hopeless cases." A physician cannot devote several hours to one case with little hope for survival when, during the same period of time, he can save many lives by less time-consuming procedures that virtually guarantee recovery of otherwise doomed patients.

When this is fully realized, the con-

scientious physician will not be hampered by feelings of guilt and other emotional disturbances resulting from having to place certain patients with severe injuries in the last priority for treatment in a mass casualty situation. Life or death decisions of this type, in this volume, and of this magnitude deserve and demand the judgment of the most mature and capable physician available in the area. Sorting should be started by a physician of this calibre as far forward as possible, but it is a continuing process and must be repeated at each succeeding installation and periodically at the same installation.

It has been said that in mass casualty work no doctor can "play God" and decide who is to die without treatment. Such a statement can never be made by a physician with any experience, either civilian or military because a practical physician realizes that he accepts the responsibility for life and death as an unconscious part of his daily work.

Obviously, also, in mass casualty work the triage officer must balance his decisions against availability of trained personnel and supplies. A patient in the resuscitation group may change to the immediate operation group when shock is overcome or may change to the "no treatment" group if shock is irreversible. Also, it may be that faced with a tremendous case load of abdominal injuries, we would have to decide that we had neither the time nor the personnel to carry out abdominal exploration and we would revert to conservative management. However, if suddenly a group of surgical teams arrive for duty, the triage is immediately revised and those patients enter the "immediate treatment" group, if their condition has not deteriorated beyond that point. The sliding scale and constant change with shifting circumstances make it impossible to set out dogmatic lists and again places a premium on surgical experience and judgment.

With respect to radiation sickness combined with other injuries, generally speaking, we must go ahead and treat the patients on the basis of their other injuries since accurate prediction of radiation dose received is difficult. In some cases this philosophy will result in our treating a patient surgically, only to have him die a few days later of radiation injury that he has received before we operated upon him. Nevertheless, it is safer, at present, to sort without much weight being given to radiation sickness in placing a patient in the expectant category. It is difficult to see how a pure radiation casualty could ever be classified as immediate. Psychogenic vomiting may often be confused with radiation sickness and vice-versa, adding to the problem of the sorting personnel.

Results of Triage Failure

Failure of triage, or inadequate triage, results in the following:

a. Waste of time, medical personnel, supplies, equipment and evacuation vehicles.

b. Accomplishment of less good to fewer casualties.

c. Delayed treatment for those in need thereof.

d. Increased disability.

e. Prolonged convalescense.

f. Greater morbidity and mortality.

g. Overloading of one, several, or all medical facilities.

h. Underloading of one or several medical facilities.

i. Over or under use of evacuation vehicles.

j. Loss of needed manpower.

k. Lowered morale among medical and health personnel, as well as patients.

Morphine

1. Morphine and other narcotics not be issued to rescue workers, litter bearers, ambulance drivers and others of like category for use on casualties.

2. Morphine and potent opium derivatives be administered only by qualified personnel.

3. In the treatment of injured personnel, morphine be used only for the purpose of relieving severe pain. Since major wounds frequently are quite painless, there is no indication for morphine to be administered solely because of the presence of such wounds.

4. Morphine or other potent narcotics not be administered to casualties exhibiting signs of traumatic or hemorrhagic shock.

5. Morphine or other respiratory depressants not be administered to casualties suffering head injuries, severe chest injuries, respiratory depression or distress.

6. The smallest effective doses of morphine be employed.

7. The dosage of morphine and the hour, date and route of administration be entered on the medical records of those casualties who receive it.

Radiation Sickness

There is no specific treatment for radiation sickness at the present time. Much effort is being devoted currently to the search for chemical compounds that can be taken before or after radiation injury to enhance survival and increase tolerance, but no practical available drug exists today. Intravenous marrow of the autologous or isologous type has been of considerable benefit in some lower animals up to the two lethal dose level, in that it permits hematological recovery. Heterologous and homologous marrows have caused host vs. marrow and marrow vs. immunological problems. To be more practical, current treatment of radiation injury is mainly supportive, and consists of physical rest; rest of the gastrointestinal tract; replacement of the fluid and electrolytes lost from vomiting and diarrhea; correction of anemia and thrombocytopenia with fresh transfusions; antibiotics for leucopenia less than 1000 mm3 or when infection develops (but not on a routine prophylaxis basis for all irradiated patients); and maintenance of nutrition and general health. The above dissertation has concerned total or nearly total whole body radiation (shielding of spleen or marrow could offer considerable protection.) Two other problems exist: Internal deposition or radioactive isotopes and the cutaneous deposition of isotopes as in fallout. In a mass casualty situation, if an individual is exposed to fallout to the extent that he could get a significant injury from inhalation or ingestion of radioisotopes, he would almost certainly receive simultaneously a whole body gamma dose externally that would overshadow the internal emitters. So for practical purposes, internal deposition of radioisotopes is not an immediate problem of treatment in a mass casualty situation; late effects are important, but are disregarded in this discussion. Deposition of fallout on the skin is a different

problem, and unless personnel decontamination is promptly carried out, "beta burns" will result. They are easily preventable by wearing proper clothing, early removal of same, plus simple decontamination. Such injuries are slow to heal once they develop, but fortunately are usually superficial. Epilation is also frequently present, and some coincident whole body gamma injury is bound to occur.

Preventive Medicine in Disaster

General necessities in large scale catastrophes include: water, food, shelter, fire control, insect and rodent control, control of communicable diseases with particular attention to those likely to occur in the particular geographical and climatic environment, disposal of large numbers of dead, waste disposal, communication and dissemination of information, control of stray animals, and provision of medical care to include not only care of the injured, but also care of obstetrical, pediatric, geriatric and other specific areas. In the event of surface atomic bursts, if radiation injury is to be minimized, means must be available for monitoring, for zoning and controlling radioactive areas and for decontamination. Biological and chemical warfare will also provide special problems of their own. Immunization is important before or in the early phases of any disaster, but if BW is added to the threats, it becomes even more important. Simple rules and techniques for the use and purification of water, and for the handling of radioisotopes in water and on food must be known; these are definitely controllable problems.

Medical Problems Encountered in Civilian Disasters

The Worcester Massachusetts Tornado of 1953. A specific type of natural disaster, one with brief or no warning, brief impact, short duration, and without repetition. Of specific medical interest is the fact that many trained physicians found themselves without good judgment and confused as to what to do with themselves. People left cars parked in roads, blocking transportation. They rushed in without control, directing traffic, picking up injured casualties in an unintentionally traumatic manner and raced them thru the streets at high speeds toward overjammed hospitals. Shock not previously present was often caused by rough handling of casualties by overzealous people who wished to help. Almost no attempt at elementary life saving first aid was made before rough transportation. Hospitals nearest disasters were quickly overwhelmed, while others only a few miles away had nothing to do. No attempt was made to sort or record who was there. 1,120 pints of blood were drawn during the night under satisfactory conditions. Emergency plans, if in existence, were ignored. Automatism and impaired judgment resulted in therapeutic errors, such as mass suturing of contaminated wounds with the predictable high incidence of wound infection and breakdown later.

(Limitation of space made it prohibitive to publish Dr. Hoffman's excellent and comprehensive presentation in its entirety. Editor)

CHESTER'S DRUG STORE
MEDICAL CENTER
305 Appleton St., Corner Maple
HOLYOKE, MASS.

FIRST AID IN DISASTER

Demonstrations - Exhibits - Films

By

U. S. AIR FORCE PERSONNEL

OF THE

WESTOVER AIR BASE

SPONSORED JOINTLY BY:

(1) Hampden District Medical Society
(through its Committee on Medical Care)

and (2) Springfield College

TIME: WEDNESDAY, NOVEMBER 1, 1961, 8:30 P.M.

PLACE: SPRINGFIELD COLLEGE FIELD HOUSE

PROFESSION AND PUBLIC ARE CORDIALLY INVITED.

A SAFE CONTRIBUTION TO THE FORMATION OF RESISTANT TEETH

PERGANTENE-V LOZENGES

Each Lozenge Contains:

Vit. A	5000 USP units
Vit. C	50 mg
Vit. D	1000 USP units
Vit. B6 (Pyridoxine HCl)	5 mg.
Sod. Fluoride (Equiv. 1 mg. Fluorine)	2.2 mg.

Dosage: For children over 3 years old, adolescents with rampant decay, and during pregancy.
One daily dissolved in mouth and swallowed.

Availability: 100 in bottle

PERGANTENE-V LIQUID

Each 0.6 ml. Contains:

Vit. A	5000 USP units
Vit. C	50 mg.
Vit. D	1000 USP units
Vit. B6 (Pyridoxine HCl)	0.3 mg.
Sod. Fluoride (Equiv. 0.5 mg. Fluorine)	1.1 mg.

Dosage: For infants and children:
Infants under 3 years old, 0.3 ml. daily.
Children 3 years old and up, 0.6 ml. daily.
Dropper bottles of 30 ml. and 60 ml.

LITERATURE and PROF. SAMPLES ON REQUEST

THE PERGANTENE PHARMACAL CO., INC. — FLORENCE, MASS.

REFERENCES

1. Goodman, L.S., and Gilman, A., **Pharmacological Basis of Therapeutics,** New York, Macmillan, 2nd ed., p. 830.
2. Garcelon, A. H., Five years' experience with fluoridation in Norway, Maine, **New England J. Med.** 260:127, 1959.
3. **United States Pharmacopeia** XVI, Washington, U.S. Pharmacopeial Convention, 1960, pp. 665-6.

PUBLIC HEALTH COMMITTEE REPORT

The Public Health Committee met for the second time during the current administration on Wednesday, September 20, 1961 at noon in the offices of the Hampden District Medical Society, with Dr. Pokorny presiding and Drs. Ayres, Byrnes, Turner and Visconti present. Dr. Whitney, President, was also present.

Dr. Turner reported on the problem of a Health Commissioner for Springfield and presented a motion as follows:

This committee recommends to the HDMS a motion: It was made and seconded that the HDMS speaking in behalf of the health of the citizens of Springfield strongly urges the city of Springfield without delay to procure a qualified Health Commissioner. It was unanimously voted in the affirmative.

Dr. Visconti reported on Fluoridation. The motion was made and seconded that the HDMS favor Fluoridation of the public water supply. It was voted four in the affirmative to one in the negative.

Dr. Brynes gave a report on physical fitness. The motion was made and seconded that children of the first grade and over can walk at least one mile to school. The vote was unanimously in the affirmative. He finished his report discussing diet, calisthenics, sports and swimming. This problem was left to future meetings for discussion and vote.

Dr. Whitney discussed the desirability of the Committee to vote on the King Anderson Bill and the Kerr-Mills Law. The motion was made and seconded that the HDMS favor the Kerr-Mills Law and oppose the King Anderson Bill. Dr. Whitney felt that the passing of the King Anderson Bill would diminish the quality of medical care.

Dr. Ayres brought up the question of screening all new borns for phenyl ketonuria. Dr. Whitney brought up the question of funds for diseases, which is rapidly getting out of hand. These problems were left for future discussion.

The meeting was adjourned at 1:15 P. M. The next meeting will be November 15, 1961.

Respectfully submitted,
Norman A. Pokorny, M. D.,
Chairman

Health Bills . . . President Kennedy recently sent Congress two proposed bills to implement his health program proposals for providing more medical facilities, and for increasing training opportunities for physicians and dentists . . . The first measure would authorize Federal grants for building nursing homes and for expanding and improving community facilities and services to care for the aged and other persons . . . The second proposal would provide federal scholarships for medical and dental students and would set up construction grants for teaching and research facilities.

For Information or Reservations for your Business or Pleasure trip contact:
WEIDNER TRAVEL BUREAU, Inc.
83 State Street — Springfield, Mass.
RE 6-4595

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

Rautrax-N lowers high blood pressure gently, gradually . . . protects against sharp fluctuations in the normal pressure swing.

Rautrax-N offers all the advantages of Raudixin, Naturetin and potassium chloride in a single dosage form *plus: increased efficacy* — Combined action of Raudixin and Naturetin results in a potentiated antihypertensive effect greater than that produced by either drug alone. *increased safety* — Potentiated action permits lower dose of other antihypertensive agents, thus reducing severity of side effects. Protection against possible potassium depletion. *flexibility* — Interchangeable with either Raudixin or Naturetin č K. *economy* — Maintenance dosage of only 1 or 2 tablets daily for most patients. *convenience* — Once-a-day maintenance dosage. Two potencies available.

Supply: Rautrax-N — capsule-shaped tablets providing 50 mg. Raudixin, 4 mg. Naturetin, and 400 mg. potassium chloride.

Rautrax-N Modified — capsule-shaped tablets providing 50 mg. Raudixin, 2 mg. Naturetin, and 400 mg. potassium chloride.

Rautrax-N*

Squibb Standardized Whole Root Rauwolfia Serpentina (Raudixin) and Bendroflumethiazide (*Naturetin) with Potassium Chloride

SQUIBB
Squibb Quality—the Priceless Ingredient

'RAUDIXIN'®, 'RAUTRAX'® AND 'NATURETIN'® ARE SQUIBB TRADEMARKS.

FAMILY SECURITY

IS AN INDIVIDUAL RESPONSIBILITY

When the Third National's Trust Department assists you in planning your estate, you have taken a big step toward assuring the future security of your family. The Third offers complete trust services, including Living Trusts and Trusts under Wills as well as serving as executor, guardian, agent or custodian . . . depending on your requirements or desires. Now is the time to act! Our Trust Officers will be happy to answer your questions and cooperate with your attorney in setting up your own estate plan.

Third NATIONAL BANK AND TRUST COMPANY

Trust Department located at Main Office, 1391 Main Street, Springfield

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

Dine in Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE LOG CABIN

Easthampton Road, Route 141

HOLYOKE

JEfferson 9-9137

RENTALS

EVEREST & JENNINGS

Wheel Chairs

SALES

Walkers

• Hospital Beds • Patient Lifts

Complete Service on Wheel Chairs

EXPERIENCED 24 HOURS

Forest Park AMBULANCE SERVICE

Est. 1947

1254 Columbus Ave.
SPRINGFIELD

RE 9-7373